

CLIENT CHARACTERISTIC FORM - YEAR 36

Public Services - Limited Clientele Activities

PLEASE COMPLETE SECTIONS 1 THROUGH 6 ON THIS FORM. THIS INFORMATION FOR **STATISTICAL PURPOSES ONLY.**

DATE: _____ ADDRESS: _____

1. Household income: (circle one income level)

Based on number of members living in your household, including yourself.

1 person	2 person	3 person	4 person
\$13,350 or less	\$15,250 or less	\$17,150 or less	\$19,050 or less
\$22,250 or less	\$25,400 or less	\$28,600 or less	\$31,750 or less
\$35,550 or less	\$40,650 or less	\$45,700 or less	\$50,800 or less
\$35,551 or more	\$40,651 or more	\$45,701 or more	\$50,801 or more

5 person	6 person	7 person	8 person
\$20,550 or less	\$22,100 or less	\$23,600 or less	\$25,150 or less
\$34,300 or less	\$36,850 or less	\$39,350 or less	\$41,900 or less
\$54,850 or less	\$58,950 or less	\$63,000 or less	\$67,050 or less
\$54,851 or more	\$58,951 or more	\$63,001 or more	\$67,051 or more

2. Which group do you belong to? (Check one race category and, if applicable, check ethnicity.)

Ethnicity:

Single Race:

Hispanic or Latino

1	White	
2	Black or African American	
3	Asian	
4	American Indian or Alaskan Native	
5	Native Hawaiian or other Pacific Islander	

All participants should check one box in the left column designating Single-Race or Multi- Race.

If you are also of Hispanic or Latino ethnicity, please also check the box in the right column corresponding with the race checked in the first column. See example below

Race	Hispanic or Latino
1 x	White x

Multi Race:

6	American Indian or Alaskan Native and White	
7	Asian and White	
8	Black or African American and White	
9	American Indian or Alaskan Native and Black or African American	
10	Other Multi Racial	

3. Age of Program Participant: (check one)

1	Under 5 years	4	16-20 years	7	45-54 years
2	5-9 years	5	21-24 years	8	55-64 years
3	10-15 years	6	25-44 years	9	Over 64 years

4. Gender

1	Female
2	Male

5. Is the head of your household female?

1	Yes
2	No

6. Do you consider yourself with a severe disability?

1	Yes
2	No

CERTIFICATION: [For youth programs, this form must be signed by a parent or guardian.]

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature _____ Date: _____

THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE MAINTAINED FOR GOVERNMENT VERIFICATION.

*****FOR OFFICE USE ONLY*****

7.					Census Tract	9.			Project Number
8.					Activity Codes	10.			Councilmanic District

Revised 4/10 PJS/PAL